

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Baxter Healthcare Political Action Committee

ADDRESS (number and street)

1501 K Street, NW

☒ XCheck if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00117838

3. IS THIS
REPORT☐NEW
(N)

OR

☒ XAMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report(Q1)
- ☐ July 15
Quarterly Report(Q2)
- ☐ October 15
Quarterly Report(Q3)
- ☐ January 31
Quarterly Report(YE)
- ☐ July 31 Mid-Year
Report(Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☒ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2006

through

02

28

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Sarah Creviston

Signature of Treasurer

Electronically Filed by Sarah Creviston

Date

09

01

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		43452.73
(b) Cash on Hand at Beginning of Reporting Period	51361.39	
(c) Total Receipts (from Line 19)	5677.22	13585.88
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	57038.61	57038.61
7. Total Disbursements (from Line 31)	7000.00	7000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	50038.61	50038.61
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	5677.22	13585.88
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5677.22	13585.88
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	5677.22	13585.88
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	5677.22	13585.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5677.22	13585.88

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		7000.00	7000.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		7000.00	7000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		7000.00	7000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	5677.22	13585.88
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5677.22	13585.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jennifer Adams

Mailing Address 203 Bridle Path Lane

City State Zip Code
 Fox River Grove IL 60021

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
VP I, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29031

Amount of Each Receipt this Period

20.00

Receipt

Payroll Deduction: (10.00-
/Pay Period)

Full Name (Last, First, Middle Initial)

B. Joy A Amundson

Mailing Address 110 W. Onwentsia Road

City State Zip Code
 Lake Forest IL 60045

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
CVP, Pres BioScience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.60

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29037

Amount of Each Receipt this Period

380.30

Receipt

Payroll Deduction: (190.1-
5/Pay Period)

Full Name (Last, First, Middle Initial)

C. Michael Barlev

Mailing Address 61 Telegraph Hill Rd.

City State Zip Code
 Holmdel NJ 07733

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
Sales Rep III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29030

Amount of Each Receipt this Period

2.00

Receipt

Payroll Deduction: (1.00/-
Pay Period)

SUBTOTAL of Receipts This Page (optional)

402.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)
Michael J Baughman
Mailing Address 5343 N Lakewood Avenue

City State Zip Code
Chicago IL 60640

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter International Inc.Occupation
CVP, Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29055

Amount of Each Receipt this Period

200.00

Receipt

Payroll Deduction: (100.0-
0/Pay Period)

B. Full Name (Last, First, Middle Initial)
Armando Bombino
Mailing Address 1795 Ashford Lane

City State Zip Code
Crystal Lake IL 60014

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
Dir, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29029

Amount of Each Receipt this Period

10.00

Receipt

Payroll Deduction: (5.00/-
Pay Period)

C. Full Name (Last, First, Middle Initial)
Pat Brower

Mailing Address 502 Canal

City State Zip Code
Cleveland MS 38732

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
Mgr I, Distribution

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29016

Amount of Each Receipt this Period

2.00

Receipt

Payroll Deduction: (1.00/-
Pay Period)

SUBTOTAL of Receipts This Page (optional)

212.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)

Michael Brown

Mailing Address 531 Lyon Dr

City State Zip Code
 Buffalo Grove IL 60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
Dir, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29052

Amount of Each Receipt this Period

2.00

Receipt

Payroll Deduction: (1.00/-
Pay Period)

B. Full Name (Last, First, Middle Initial)

Glenn Burney

Mailing Address 96 Rock Creek Drive

City State Zip Code
 Mountain Home AR 72653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Dir, Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29014

Amount of Each Receipt this Period

4.00

Receipt

Payroll Deduction: (2.00/-
Pay Period)

C. Full Name (Last, First, Middle Initial)

Donna Campagna

Mailing Address 30922 St Andrews Drive

City State Zip Code
 Libertyville IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP, Baxter IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 2 4 / 2 0 0 6

Transaction ID: 60320.C29095

Amount of Each Receipt this Period

20.00

Receipt

Payroll Deduction: (20.00-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

26.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John Cone

Mailing Address 153 Pleasant Valley Drive

City State Zip Code
 Marion NC 28752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Sr Principal Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29023

Amount of Each Receipt this Period

4.00

Receipt

Payroll Deduction: (2.00/-
Pay Period)

B.

Full Name (Last, First, Middle Initial)

Edward Conrad

Mailing Address 113 S Waverly PI

City State Zip Code
 Mt Prospect IL 60056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
Dir, Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.84

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29053

Amount of Each Receipt this Period

115.42

Receipt

Payroll Deduction: (57.71-
/Pay Period)

C.

Full Name (Last, First, Middle Initial)

Sarah Creviston

Mailing Address 717 North Maple Ave.

City State Zip Code
 Palatine IL 60067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.32

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29049

Amount of Each Receipt this Period

144.16

Receipt

Payroll Deduction: (72.08-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

263.58

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)

Margarita Cruz-casse

Mailing Address Violeta 153, San Francisco

City State Zip Code
 San Juan PR 00927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Puerto
Rico

Occupation
Dir, Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

149.48

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29063

Amount of Each Receipt this Period

74.74

Receipt

Payroll Deduction: (37.37-
/Pay Period)

B. Full Name (Last, First, Middle Initial)

Robert M Davis

Mailing Address 21515 Hummingbird Court

City State Zip Code
 Kildeer IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
CVP, Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

82.21

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 2 4 / 2 0 0 6

Transaction ID: 60320.C29118

Amount of Each Receipt this Period

82.21

Receipt

Payroll Deduction: (82.21-
/Pay Period)

C. Full Name (Last, First, Middle Initial)

Carlos Del Salto

Mailing Address 101 NE 3rd Avenue, Ste. 1600
 c/o Baxter World Trade

City State Zip Code
 Ft. Lauderdale FL 33301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Export Corporation

Occupation
CVP, Pres Intcntl/Asia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

753.84

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29061

Amount of Each Receipt this Period

376.92

Receipt

Payroll Deduction: (188.4-
6/Pay Period)

SUBTOTAL of Receipts This Page (optional)

533.87

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)
Karen Dewey
Mailing Address 92 Spring Valley Drive

City State Zip Code
Mtn Home AR 72653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Planner II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29008

Amount of Each Receipt this Period

4.00

Receipt

Payroll Deduction: (2.00/-
Pay Period)

B. Full Name (Last, First, Middle Initial)
Frederick Dodge
Mailing Address 233 Mtn St

City State Zip Code
Marion NC 28752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Sr Principal Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29017

Amount of Each Receipt this Period

2.00

Receipt

Payroll Deduction: (1.00/-
Pay Period)

C. Full Name (Last, First, Middle Initial)
Mary Fernald
Mailing Address 36 Wagner Lane

City State Zip Code
Hillsborough NJ 08844

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Mgr, Region

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29034

Amount of Each Receipt this Period

10.00

Receipt

Payroll Deduction: (5.00/-
Pay Period)

SUBTOTAL of Receipts This Page (optional)

16.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)

Rodney Foster

Mailing Address P.O. Box 5074

City State Zip Code
 Norman OK 73070

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
Sr Dir, Engineering

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29010

Amount of Each Receipt this Period

8.00

Receipt

Payroll Deduction: (4.00/-
Pay Period)

B. Full Name (Last, First, Middle Initial)

Kevin Freeman

Mailing Address 832 Foxmoor Lane

City State Zip Code
 Lake Zurich IL 60047

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
VP I, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

103.84

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29033

Amount of Each Receipt this Period

103.84

Receipt

Payroll Deduction: (51.92-
/Pay Period)

C. Full Name (Last, First, Middle Initial)

Elizabeth Fuller

Mailing Address 975 Seaboard Ave

City State Zip Code
 Atlanta GA 30318

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
Mgr, State Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28.20

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29043

Amount of Each Receipt this Period

14.10

Receipt

Payroll Deduction: (7.05/-
Pay Period)

SUBTOTAL of Receipts This Page (optional)

125.94

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. James Gatling

Mailing Address 3704 Lindsay Ln

City State Zip Code
 Crystal Lake IL 60014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
CVP, Global Manufacturing Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29015

Amount of Each Receipt this Period

240.00

Receipt

Payroll Deduction: (120.0-
0/Pay Period)

Full Name (Last, First, Middle Initial)

B. Juan Gonzalez

Mailing Address 17842 Rachel Lane

City State Zip Code
 Orland Park IL 60467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Project Mgr I, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29025

Amount of Each Receipt this Period

10.00

Receipt

Payroll Deduction: (5.00/-
Pay Period)

Full Name (Last, First, Middle Initial)

C. John Greisch

Mailing Address 2636 Chesapeake Lane

City State Zip Code
 Northbrook IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
CVP, President - International

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29059

Amount of Each Receipt this Period

400.00

Receipt

Payroll Deduction: (200.0-
0/Pay Period)

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial) Lawrence Guiheen Mailing Address 1653 Vista Oaks Way City State Zip Code Westlake Village CA 91361 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corpora- tion Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation President V Aggregate Year-to-Date ▼ 140.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 0 / 2 0 0 6 Transaction ID: 60320.C29006 Amount of Each Receipt this Period 70.00 Receipt Payroll Deduction: (35.00- /Pay Period)
B. Full Name (Last, First, Middle Initial) Stephen Irby Mailing Address 601 Baxter Avenue City State Zip Code Mtn Home AR 72653 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corpora- tion Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Sr Planner Aggregate Year-to-Date ▼ 8.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 0 / 2 0 0 6 Transaction ID: 60320.C29009 Amount of Each Receipt this Period 4.00 Receipt Payroll Deduction: (2.00/- Pay Period)
C. Full Name (Last, First, Middle Initial) James Kamienski Mailing Address 6312 N Keating City State Zip Code Chicago IL 60646 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corpora- tion Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation VP II, Manufacturing Aggregate Year-to-Date ▼ 195.04		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 0 / 2 0 0 6 Transaction ID: 60320.C29018 Amount of Each Receipt this Period 97.52 Receipt Payroll Deduction: (48.76- /Pay Period)

SUBTOTAL of Receipts This Page (optional)

171.52

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial) Faye Katt Mailing Address 1906 N Larrabee City Chicago State IL Zip Code 60614 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corporation Occupation VP Global HR Shared Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 40.00			Date of Receipt MM / DD / YYYY 02 / 10 / 2006 Transaction ID: 60320.C29039 Amount of Each Receipt this Period 20.00 Receipt Payroll Deduction: (10.00- Pay Period)
B. Full Name (Last, First, Middle Initial) Carol Lampe Mailing Address 303 Northwind Dr. City Lake Villa State IL Zip Code 60046 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corporation Occupation Sr Research Scientist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4.00			Date of Receipt MM / DD / YYYY 02 / 10 / 2006 Transaction ID: 60320.C29026 Amount of Each Receipt this Period 2.00 Receipt Payroll Deduction: (1.00/- Pay Period)
C. Full Name (Last, First, Middle Initial) Susan R Lichtenstein Mailing Address 1257 W Wrightwood Ave City Chicago State IL Zip Code 60614 FEC ID number of contributing federal political committee. C Name of Employer Baxter International Inc. Occupation CVP, General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 730.76			Date of Receipt MM / DD / YYYY 02 / 10 / 2006 Transaction ID: 60320.C29056 Amount of Each Receipt this Period 365.38 Receipt Payroll Deduction: (182.6- 9/Pay Period)

SUBTOTAL of Receipts This Page (optional)

387.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial) Gary Loudermilk		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 570 S Creek Rd		Transaction ID: 60320.C29022
City Nebo	State NC	Zip Code 28761
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4.00
Name of Employer Baxter Healthcare Corpora- tion	Occupation Supt, Manufacturing	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 8.00	Payroll Deduction: (2.00/- Pay Period)

B. Full Name (Last, First, Middle Initial) Matthew Lykken		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address 421 North Wheaton Ave		Transaction ID: 60320.C29123
City Wheaton	State IL	Zip Code 60187
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 49.47
Name of Employer Baxter International Inc.	Occupation VP, Tax	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 49.47	Payroll Deduction: (49.47- /Pay Period)

C. Full Name (Last, First, Middle Initial) Brian W Magerkurth		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 4218 Third Street Lane NW		Transaction ID: 60320.C29038
City Hickory	State NC	Zip Code 28601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 105.76
Name of Employer Baxter Healthcare Corpora- tion	Occupation VP II, Global Supply Chain	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 105.76	Payroll Deduction: (52.88- /Pay Period)

SUBTOTAL of Receipts This Page (optional)

159.23

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Teresita Martinez-santini

Mailing Address A-1 Atenas St Repto Flamingo

City State Zip Code
Bayamon PR 00959

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Puerto RicoOccupation
Dir, Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

132.28

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29062

Amount of Each Receipt this Period

66.14

Receipt

Payroll Deduction: (33.07-
/Pay Period)

Full Name (Last, First, Middle Initial)

B. John Martino

Mailing Address 104 Dumont Dr

City State Zip Code
Morganton NC 28655

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
Dir, Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29011

Amount of Each Receipt this Period

2.00

Receipt

Payroll Deduction: (1.00/-
Pay Period)

Full Name (Last, First, Middle Initial)

C. Kevin Mcculloch

Mailing Address 730 Greenwood Avenue

City State Zip Code
Wilmette IL 60091

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
General Manager III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29045

Amount of Each Receipt this Period

100.00

Receipt

Payroll Deduction: (50.00-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

168.14

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)

Bruce Mcgillivray

Mailing Address 151 Ridge Lane

City State Zip Code
 Lake Forest IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
CVP, President Renal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29041

Amount of Each Receipt this Period

260.00

Receipt

Payroll Deduction: (130.0-
0/Pay Period)

B. Full Name (Last, First, Middle Initial)

Donald Mcpeters

Mailing Address 119 North Hills Drive

City State Zip Code
 Marion NC 28752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Supv II, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29021

Amount of Each Receipt this Period

2.00

Receipt

Payroll Deduction: (1.00/-
Pay Period)

C. Full Name (Last, First, Middle Initial)

Victor Miller

Mailing Address 230 9th Street

City State Zip Code
 Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Dir, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15.40

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29044

Amount of Each Receipt this Period

7.70

Receipt

Payroll Deduction: (3.85/-
Pay Period)

SUBTOTAL of Receipts This Page (optional)

269.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Arthur Mollenhauer

Mailing Address 2409 Lincolnwood Drive

City State Zip Code
Evanston IL 60201

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
General Manager II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29035

Amount of Each Receipt this Period

50.00

Receipt

Payroll Deduction: (25.00-
/Pay Period)

Full Name (Last, First, Middle Initial)

B. Frank Monteleone

Mailing Address 4620 Forest Edge Lane

City State Zip Code
Long Grove IL 60047

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
VP, Baxter IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29047

Amount of Each Receipt this Period

126.50

Receipt

Payroll Deduction: (63.25-
/Pay Period)

Full Name (Last, First, Middle Initial)

C. Barbara Morris

Mailing Address 924 N. Saratoga Dr.

City State Zip Code
Palatine IL 60074

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
VP II, HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29024

Amount of Each Receipt this Period

20.00

Receipt

Payroll Deduction: (10.00-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

196.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy Murphy

Mailing Address 14601 N Somerset Circle

City State Zip Code
 Libertyville IL 60048

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
Asst General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

81.40

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29046

Amount of Each Receipt this Period

40.70

Receipt

Payroll Deduction: (20.35-
/Pay Period)

Full Name (Last, First, Middle Initial)

B. Peter Omalley

Mailing Address 563 Greenway Drive

City State Zip Code
 Lake Forest IL 60045

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
VP/GM II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29050

Amount of Each Receipt this Period

90.00

Receipt

Payroll Deduction: (45.00-
/Pay Period)

Full Name (Last, First, Middle Initial)

C. Robert L Parkinson

Mailing Address 1332 Edgewood Lane

City State Zip Code
 Northbrook IL 60062

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter International Inc.Occupation
Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1753.84

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29058

Amount of Each Receipt this Period

876.92

Receipt

Payroll Deduction: (438.4-
6/Pay Period)

SUBTOTAL of Receipts This Page (optional)

1007.62

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial) Carla Pittman Mailing Address 5720 Shenandoah Avenue City State Zip Code Los Angeles CA 90056 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corpora- tion Occupation Sr Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.20		Date of Receipt MM / DD / YYYY 02 / 10 / 2006 Transaction ID: 60320.C29042 Amount of Each Receipt this Period 100.10 Receipt Payroll Deduction: (50.05- /Pay Period)
B. Full Name (Last, First, Middle Initial) Virginia Pringle Mailing Address 341 3rd Street West City State Zip Code Tierra Verde FL 33715 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corpora- tion Occupation Mgr II, Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 109.96		Date of Receipt MM / DD / YYYY 02 / 10 / 2006 Transaction ID: 60320.C29028 Amount of Each Receipt this Period 54.98 Receipt Payroll Deduction: (27.49- /Pay Period)
C. Full Name (Last, First, Middle Initial) Neervalur Raghavan Mailing Address 2327 Castilian City State Zip Code Northbrook IL 60062 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corpora- tion Occupation VP I, Research Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 20.00		Date of Receipt MM / DD / YYYY 02 / 10 / 2006 Transaction ID: 60320.C29027 Amount of Each Receipt this Period 10.00 Receipt Payroll Deduction: (5.00/- Pay Period)

SUBTOTAL of Receipts This Page (optional)

165.08

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial) Elizabeth Redd Mailing Address 604 South Leflore City Cleveland State MS Zip Code 38732 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corporation Occupation Plant Controller I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4.00			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 0 / 2 0 0 6 Transaction ID: 60320.C29013 Amount of Each Receipt this Period 2.00 Receipt Payroll Deduction: (1.00/- Pay Period)
B. Full Name (Last, First, Middle Initial) David Rohrbach Mailing Address 10 Hawkes Court City Bridgewater State NJ Zip Code 08807 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corporation Occupation VP I, Quality Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 20.00			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 0 / 2 0 0 6 Transaction ID: 60320.C29040 Amount of Each Receipt this Period 20.00 Receipt Payroll Deduction: (10.00/- Pay Period)
C. Full Name (Last, First, Middle Initial) Harold Sargent Mailing Address 1151 Woodview Drive City Green Oaks State IL Zip Code 60048 FEC ID number of contributing federal political committee. C Name of Employer Baxter Healthcare Corporation Occupation Sr Dir, Research Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 8.00			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 0 / 2 0 0 6 Transaction ID: 60320.C29007 Amount of Each Receipt this Period 4.00 Receipt Payroll Deduction: (2.00/- Pay Period)

SUBTOTAL of Receipts This Page (optional)

26.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)

David P Scharf

Mailing Address 931 Oak Street

City State Zip Code
Winnetka IL 60093

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter International Inc.Occupation
CVP, Corporate Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.38

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 0 6

Transaction ID: 60320.C29120

Amount of Each Receipt this Period

40.38

Receipt

Payroll Deduction: (40.38-
/Pay Period)

B. Full Name (Last, First, Middle Initial)

Michael Schiffer

Mailing Address 33741 Shackleton Isle

City State Zip Code
Monarch Beach CA 92629

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
Assoc General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.56

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29036

Amount of Each Receipt this Period

134.78

Receipt

Payroll Deduction: (67.39-
/Pay Period)

C. Full Name (Last, First, Middle Initial)

Victor Schmitt

Mailing Address 699 Bluff Road

City State Zip Code
Lake Bluff IL 60044

FEC ID number of contributing federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
Pres, Venture Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

154.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29032

Amount of Each Receipt this Period

77.00

Receipt

Payroll Deduction: (38.50-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

252.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial)

Chandra Sekhar

Mailing Address 1621 Mission Hills Rd Unit 211

City State Zip Code
 Northbrook IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP II, Mfg Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29005

Amount of Each Receipt this Period

10.00

Receipt

Payroll Deduction: (10.00-
/Pay Period)

B. Full Name (Last, First, Middle Initial)

Chandra Sekhar

Mailing Address 1621 Mission Hills Rd Unit 211

City State Zip Code
 Northbrook IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP II, Mfg Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

79.06

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 2 4 / 2 0 0 6

Transaction ID: 60320.C29065

Amount of Each Receipt this Period

49.06

Receipt

Payroll Deduction: (49.06-
/Pay Period)

C. Full Name (Last, First, Middle Initial)

Deborah Spak

Mailing Address 1555 Stratford

City State Zip Code
 Deerfield IL 60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
Dir, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

44.80

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29057

Amount of Each Receipt this Period

22.40

Receipt

Payroll Deduction: (11.20-
/Pay Period)

SUBTOTAL of Receipts This Page (optional)

81.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial) Edward Sudlow Mailing Address 2406 N Hickory City State Zip Code Arlington Heights IL 60004 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 0 / 2 0 0 6 Transaction ID: 60320.C29004 Amount of Each Receipt this Period 4.00 Receipt Payroll Deduction: (2.00/- Pay Period)
B. Full Name (Last, First, Middle Initial) Donald Sullivan Mailing Address 910 W Cypress Drive City State Zip Code Arlington Heights IL 60005 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 0 / 2 0 0 6 Transaction ID: 60320.C29051 Amount of Each Receipt this Period 80.00 Receipt Payroll Deduction: (40.00/- Pay Period)
C. Full Name (Last, First, Middle Initial) Andrew Thorrens Mailing Address 1835 North Hoyne City State Zip Code Chicago IL 60647 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 0 / 2 0 0 6 Transaction ID: 60320.C29054 Amount of Each Receipt this Period 4.00 Receipt Payroll Deduction: (2.00/- Pay Period)

SUBTOTAL of Receipts This Page (optional)

88.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial) Pablo Toledo		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 257 E Delaware Pl Apt 4C		Transaction ID: 60901.C29981
City Chicago	State IL	Zip Code 60611-5722
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Multi-Business Services Corpor	Occupation Dir, Finance	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

B. Full Name (Last, First, Middle Initial) Joel Tune		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 1365 Vos Court		Transaction ID: 60320.C29019
City Antioch	State IL	Zip Code 60002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Baxter Healthcare Corpora- tion	Occupation General Manager II	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 160.00	Payroll Deduction: (40.00- /Pay Period)

C. Full Name (Last, First, Middle Initial) James Utts		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 441 thorne lane		Transaction ID: 60320.C29060
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.92
Name of Employer Baxter World Trade Corpor- ation	Occupation CVP, President Europe	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 153.84	Payroll Deduction: (38.46- /Pay Period)

SUBTOTAL of Receipts This Page (optional)

306.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Onelia Vera-littrell

Mailing Address 619 Oleander Drive

City State Zip Code
Hallandale FL 33009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Asst General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.64

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29048

Amount of Each Receipt this Period

145.82

Receipt

Payroll Deduction: (72.91-
/Pay Period)

Full Name (Last, First, Middle Initial)

B. Kenneth R Webb

Mailing Address 31385 W. Somerset Circle

City State Zip Code
Green Oaks IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP, Customer Svc & E-Commerce

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 0 6

Transaction ID: 60320.C29100

Amount of Each Receipt this Period

10.00

Receipt

Payroll Deduction: (10.00-
/Pay Period)

Full Name (Last, First, Middle Initial)

C. Clara Williams

Mailing Address 36 3rd St

City State Zip Code
Cleveland MS 38732

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Quality Assoc III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29012

Amount of Each Receipt this Period

2.00

Receipt

Payroll Deduction: (1.00/-
Pay Period)

SUBTOTAL of Receipts This Page (optional)

157.82

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Donna Williams

Mailing Address 1886 Bowling Green

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

VP I, Marketing

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 0 6

Transaction ID: 60320.C29020

Amount of Each Receipt this Period

10.00

Receipt

Payroll Deduction: (5.00/-
Pay Period)

SUBTOTAL of Receipts This Page (optional)

10.00

TOTAL This Period (last page this line number only)

5677.22

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Feinstein 2000

Mailing Address PO Box 75156

City
Washington

State
DC

Zip Code
20013-0156

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60320.E682

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Hastert for Congress Committee

Mailing Address 6344 Cavalier Corridor

City
Falls Church

State
VA

Zip Code
22044-1203

Purpose of Disbursement

Candidate Name
DENNIS J. HASTERT

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 14

Transaction ID: 60320.E684

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Bill Nelson for US Senate

Mailing Address PO Box 10962

City
Tallahassee

State
FL

Zip Code
32302-2962

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60320.E683

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pete Stark Re-election Committee

Mailing Address PO Box 8331

City
Fremont

State
CA

Zip Code
94537-8331

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60320.E680

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jerry Weller For Congress

Mailing Address 4451 Brookfield Corporate Dr

City
Chantilly

State
VA

Zip Code
20151-1693

Purpose of Disbursement

Candidate Name
GERALD C JERRY WELLER

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 11

Transaction ID: 60320.E685

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Bill Young Campaign Committee

Mailing Address PO Box 103

City
Arlington

State
VA

Zip Code
22210-0103

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60320.E681

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

7000.00